ing the material" is unsatisfactory. Immediately following the injection the pressure pain increases in severity. As long as the epithelial cells are swollen and compress the collecting tubules leading to the duct, the many branches cannot be reached by probing or irrigation. What benefit may be derived by this means is greatly offset by the increased pain, edema of the surrounding structures, and the fact that drainage is not established or the course of the acute attack shortened. Heat locally and at times alternating with cold compresses are the best means of reducing the inflammation and pain.

Reports show that the condition must be considered seriously; the mortality has been given as high as 30 per cent. The consensus of opinion is that if the inflammation is increasing, or is no better by the fourth day, the gland should be incised and drained.

CONCLUSIONS

That chronic suppurative parotitis with acute exacerbations is a rare condition.

That an acute attack is predisposed by inactivity of the gland.

That susceptibility of the gland is favored by stasis.

That the exciting cause is an infection present in the chronic condition of the gland.

That the prophylactic treatment is the maintenance of an active secretion.

That the active treatment is local application of heat alternating with cold.

That the condition must be regarded with concern and drainage established by free incision whenever the general symptoms warrant.

(1421 State Street)

**Syphilis of the Lung**—The results of a study of all the patients admitted to the Cincinnati Tuberculosis Sanatorium (a municipal institution) for two years are given by Alfred Friedlander and R. J. Erickson, Cincinnati (Journal A. M. A., July 22, 1922). About 65 per cent of the cases belong to the far-advanced group. During 1920-1921, 791 adult patients were admitted to the sanatorium. Thirteen per cent of all patients living had positive blood Wassermann tests; 17 per cent of all patients dying had had positive Wassermann tests. In this series of 791 cases, the diagnosis of pulmonary syphilis was made in four (0.5 per cent). All four cases occurred in white patients, three men and one woman. The diagnosis of pulmonary syphilis was not made in any of the 182 colored patients. The woman with pulmonary syphilis died; she had a combination of pulmonary tuberculosis and syphilis. The three men recovered, two under intensive antisyphilitic treatment, the third without such treatment. In addition to these four cases, two other cases of pulmonary syphilis from the wards of the Cincinnati General Hospital are reported.

**Utah State Medical Association**—The twenty-eighth annual session of the Utah Medical Association will be held in Salt Lake City August 31, September 1 and 2. Among the interested features of this meeting will be the course in clinical diagnosis to be conducted by Harlow Brooks of New York City. The clinics will be held daily in the County Hospital in Salt Lake City. The program of the State meeting contains many interesting papers by the physicians and members of the Utah State Society and distinguished guests. A. C. Behle is president of the society and William L. Rich secretary.

## WHY MEDICAL SOCIAL SERVICE DESERVES A PLACE IN HOSPITAL ORGANIZATION, AND THE DUTIES OF MEDICAL SOCIAL WORKERS TOWARD HOSPITAL ADMINISTRATION

By FRANKLIN R. NUZUM, M. D., Santa Barbara, Cal.

In approaching the question as to why medical social service should occupy a place in hospital organization, let us review briefly the four duties of a hospital. They are:

1. The care of the sick.
2. The advance of medical science.
3. Making the hospital a center for activities concerning preventive medicine and community health.
4. The training of hospital personnel.

The care of the sick has been considered a duty belonging solely to the hospital. The medical responsibility rests with the physician. But the hospital and the physician have both found that medical social service is of great aid in obtaining the co-operation of the patient, in carrying out medical orders more effectively, and as a result of these and other helps actually hastening convalescence. In short, this means that the medical social worker is materially aiding in the care of the sick. In 1898 Sir Wm. Osler said as he looked over the patients collected in a medical dispensary: "If three out of ten of these get what they really need we are doing well. We are not equipped to treat the other seven." This statement still holds true. Why? Because the other seven need more than medicine and surgery. They need personal contact and help of various kinds, such as medical social workers are trained to give. This help is primarily therapeutic and of a kind hitherto much neglected. And what does this mean to the patient? Let an illustration answer. A patient is admitted to the hospital with a decompensated heart. He has but a limited fund of money for the care of his family while he is out of work. He does not do well in the hospital, because he soon finds that he will require a longer period of rest than the fund for the maintenance of his family will permit. He worries, he becomes restive, and in spite of the fact that the hospital and physicians are giving good service and treatment, the patient is not doing well. How many times has such a patient left the hospital and returned to work? But he is soon back. The hospital might have avoided repeated readmissions and would have been financially ahead if the patient in the first instance had remained under treatment a proper time.

In a similar instance which I have in mind the medical social worker was the first to report to the physician that a certain patient, on account of worry concerning the welfare of his family, was contemplating leaving the hospital much too soon. Through her service the family was temporarily provided for, the patient's mind was placed at ease, and his acute nephritis cleared up splendidly. Can anyone gainsay that the service of the medical social worker in effecting mental rest and co-operation on the part of the

patient was not an important feature of the medical care in bringing about that patient's recovery? Thus medical social service is directly concerned with the first duty of the hospital as outlined above, which is the care of the sick.

The second duty of the modern hospital, the advancement of medical science, is likewise interrelated with the functions of the medical social worker. The advancement of medical science depends not alone upon research work in the laboratory, but upon critical study of clinical records and case reports. As Haven Emerson has said: "Before we can claim to be developing or even protecting health we must know the sum and character of human sickness. Our first and best and perhaps our last, source of information will be the organized medical service shops, the hospitals, the dispensaries, the sanatoria, convalescent homes and domiciles of the insane, of children, of paupers, and those great institutions now infiltrated throughout the country, the visiting nurse association, whose experience and records offer often a greater range and bulk of material than the larger hospitals of a city or State all combined." It at once becomes apparent that the records of the medical social workers are important, not alone in the care and treatment of the individual patient, but from an altogether different angle, that of investigation or research. A study of these records as furnished by the numerous groups of social medical workers throughout this country will afford a great amount of material for the study of diseases from an angle heretofore little considered. And it will represent material that cannot be gotten so well in any other way.

This brings up the importance of the records kept by the medical social worker. Her record concerning the diagnosis of the patient's illness, the treatment, the follow-up notes and the final result should be carefully and accurately done. Since they may some time be used in an intensive study of economic or disease conditions in a given locality, or in many other ways, their value will be in direct proportion to the care and thoroughness that was spent in their making. When completed such a social history should be filed as part of the hospital record. In the event that the patient was not a hospital case, it should then be filed in the out-patient department, so that it is accessible to any one who may profit from its study.

For many years the average hospital required no medical history at all. But the importance of a reliable medical history is so great from so many standpoints, including the matter of research, that medical organizations are expending great effort in improving the character of those histories throughout the hospital world. And since the records of the medical social workers are likewise valuable as a part of the complete record, they should be carefully compiled. In a word, the organized body of medical social workers should realize the value of good record keeping on their part, and thus make their material available now, rather than waiting for years until some organized effort becomes necessary to awaken them to a realization of this duty.

The third duty that hospitals must assume, though many have not as yet done so, is to make themselves community centers in better health instruction and preventive medicine. And what better way is there by which a hospital may bring a community to the realization of its worth? Or bring the community to comprehend the great asset its hospital is? Up to the present some have been interested only in the patient himself, endeavoring to rid him of his disease. We are just beginning to be concerned about the members of his immediate family, whom possibly we may save from illness altogether. "Man does not live unto himself alone." And it is just as true that "if one wishes to be well he must be certain that his neighbors are well." One of the most important lessons taught by medical science has been the significance of environment and the community aspect of disease. Some individuals may have inherited certain predispositions or physical weaknesses. It is then important that all that is possible is done for his own physical well-being. In this way he may be prevented from contracting an illness, or, once the victim of a chronic illness, he may be prevented from passing it on. Greater good will result from preventive medicine, from protecting many in addition to caring for the person who is ill. To help the "other seven" is the medical social worker's problem, and if a hospital or a physician wishes to succeed in this work they must use as their assistants trained workers in this field.

In short, the time is at hand when the hospital may entrench itself firmly in its community by seizing upon this opportunity for the spread of knowledge concerning public health problems and preventive medicine. There are many ways for the hospital to go about this. One agency that can be used with greater effect than all others is the medical social worker department.

There remains the fourth duty of the hospital, the training of hospital personnel, administrators, internes and nurses, as well as medical social workers and other technicians. If hospitals do not train their employes, from whence is a supply to be obtained? And what department in the hospital is better able to train medical social workers than that department itself? The need for such work in every hospital maintaining a clinic is great. The greatest difficulty has been the backwardness on the part of the hospital authorities, often through lack of funds, to develop such a department. In answer to this, it has been shown that such a department actually saves its cost by lessening the number of clinic patient days in the hospital. The supply of trained medical social workers is limited, and any hospital maintaining such a department has the responsibility of training social workers, just as it should train the others of its personnel.

Since the medical social worker fits logically into each of the four undertakings of a hospital, it is apparent that this department should have a definite place in the hospital organization. The more prominence it is given, the greater will be

the return, not alone to the hospital, but to the community. The medical social worker offers an excellent means of obtaining and holding the community interest, because her appeal is through personal service and effort. And the interest of a community in its hospital is vital to the welfare of the hospital.

The duties of medical social workers toward hospital administration are four at least:

1. The making of social and economic diagnoses.
2. Making accurate records, including treatment and follow-up notes.
3. Saving hospital days for the institution.
4. Acquainting the community with the value of its hospital.

The making of social and economic diagnoses is an important obligation, and the hospital administration looks to the medical social worker for its accomplishment. The importance of this diagnosis cannot be over-estimated in outlining for the clinic patient his treatment and after care. It is well enough for the physician to tell the patient with cardiac disease that he must live on the ground floor and have a light occupation. But if left to the patient, nothing will result from the advice. The medical social worker, having investigated the home conditions, instructs the patient in things that especially pertain to his well-being. And through some relief agency the patient is materially assisted in getting an abode on the first floor and in obtaining light work. As a result, the patient is able to earn some part at least of his living and is not continually returning as a hospital patient.

Dispensing of material relief is not the function of the medical social worker. Combining material relief and medical aid in the same person often spoils the possibilities of the latter. The duty of the medical social worker is therapeutic. She should not lessen the possibility of the success of her undertaking by doing things which in general practice have been proven harmful. Nor should she use her time in doing things which some other organization can do better, and which is outside her field as a technical assistant to the physician.

The second duty of the medical social worker to the hospital administration is the keeping of a creditable record for the information of the physician of the work that she is doing with each patient. If she has recorded properly the social and economic diagnosis, the treatment, the progress of the patient, the reasons for poor progress if there be any, and other follow-up notes, much valuable assistance is at once available to the physician. She often finds the first information of the beginning of an epidemic of disease, and her records accumulate important statistical data. Much information may be recorded, the value of which is not at all suspected at the time the record is being made. The importance of carefully kept records and of their finally being filed as a part of the hospital record warrants a repetition of the statement made earlier in the paper, that if the medical social worker has any obligation to the hospital administration at all, it is that of turning over records which show real thought and careful work, and which will be useful to the physician.

The saving of hospital days is a third duty of the medical social worker to the hospital administration. This is of benefit as an economic measure. A patient's sojourn in a hospital may often be materially reduced as a result of the ministrations of the medical social worker. Such instances have been referred to. Or the patient's convalescence may be completed in his own home under the medical social worker's supervision, who makes contact both with the patient and the physician. In either event the hospital has a bed that may be used for other purposes.

Another financial assistance that may be rendered the hospital administration is at the admitting clerk's desk. No one is in a better position to know or to find out the financial status of a clinic patient and of his ability to pay at least part of his expense. It has often been said that the expense of the medical social department may be more than met in this way.

And finally the last, but not the least, of the medical social worker's duties toward the hospital administration is that of acquainting the public with the worth to the community of a good hospital. The medical social worker is in one sense a field agent of the hospital, and she has many opportunities to interest various groups of people in the undertakings of her institution. A hospital holding the confidence of its community stands as a bulwark against all the medical fakes and frauds that are found in California. And the opportunities which the medical social worker has to increase the confidence of the community in her institution must not be overlooked.

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**Medical and Hospital Work in Russia.**—Moscow, **July 3** (by mail)—Thirty-three physicians and surgeons, each in charge of one of the Moscow hospitals, have united in signing a letter of thanks to Dr. W. D. Nickelsen, medical supervisor of the Moscow District for the American Relief Administration. The letter follows:

"At the moment when the Moscow city hospitals were insufficiently supplied with food and other necessaries for the care and cure of the sick, the American Relief Administration came of its own accord to the assistance of those hospitals, supplying them regularly with medicines, instruments, things needed for the care and treatment of the patients, linen, blankets, gowns, and also took upon itself the supplementary feeding of the patients. This assistance has greatly improved the condition of the patients and has also helped to check disease in general.

Being aware of the great good done by the humanitarian activities of the American Relief Administration, the chief physicians of the Moscow hospitals are conveying to that organization, in the person of the chief of the Moscow section, their sincere appreciation for its present activities and its readiness to continue that work in the future."